

RUMMAGE SALE REGISTRATION

Name				
Address:				
Email:	Phone:			
Number of listings:	@ \$8.	00		Total Payment:
Signature REQUIRED: _				
Mail form and fee to: C	uster Area Ch	amber of Comm	nerce, PO Box 5018 Cust	er, SD 57730
		For Off	fice Use Only	
	Date:	Paid:	Amount:	